

PURCHASING REQUEST FORM (PR1)

Date: _____ **Form of Purchase:** ☐ PCard ☐ Purchase Order

Name of Requester: _____ **Cost:** _____

Items to be ordered: (Please provide a description if item is not self-explanatory - Attach additional sheets if necessary)

Justification: (Attach additional sheets if necessary)

Vendor: _____

Vendor Contact: _____ **Phone:** _____

Required Back-up:

▶ Cost over \$2,500.00 – The following is attached:

☐ Sole source Justification ☐ Responses to 3 Verbal Bids

▶ Hospitality Items

☐ Completed Hospitality Form attached

▶ Available on Statewide Contract ☐ Yes ☐ No

☐ Justification attached as to why the statewide contract was not used

▶ Vendor Registration

☐ Verification that vendor is requested to do business with the State (Note: Pcard Coordinator available to help with this information)

Manager Approval: _____ **Date:** _____

Account 099 _____ **Cost Center:*** _____ **PAS No.:** _____

Agency Name: _____

CFO Approval: _____ **Object Code:** _____

* Items billed to another agency, the Cost Center is 4407 and an active, billable PAS number must be provided.